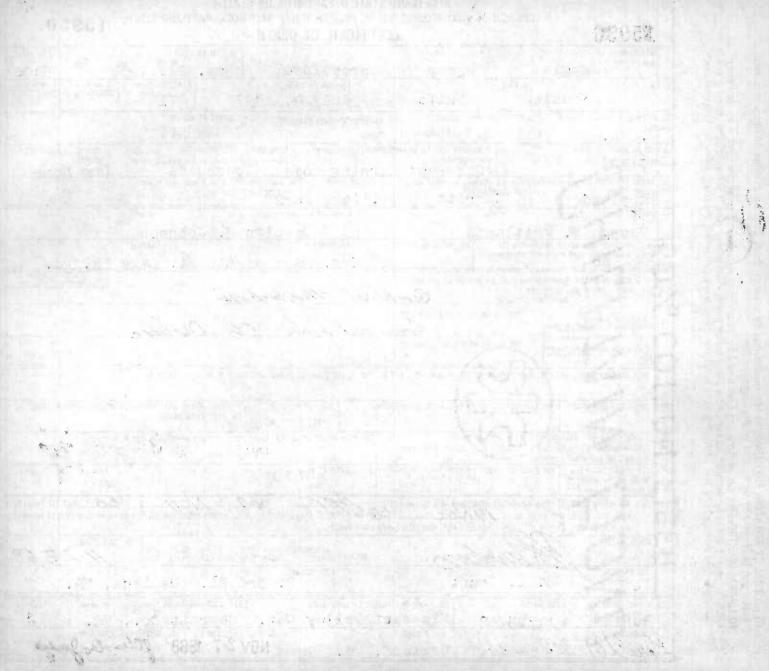
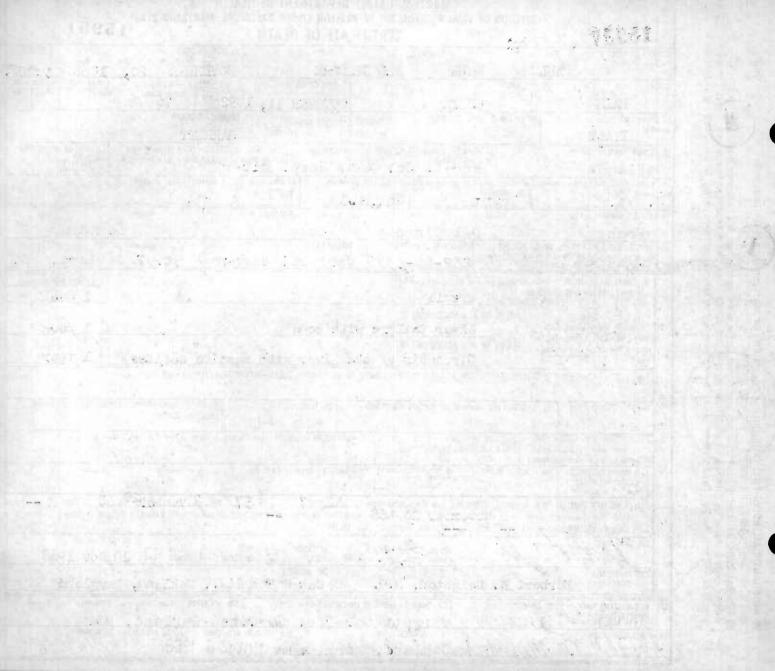


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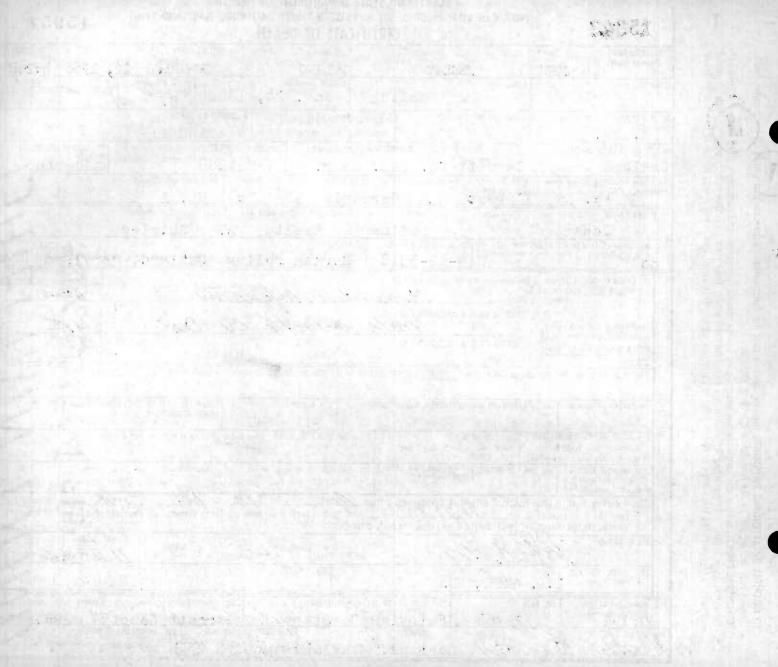
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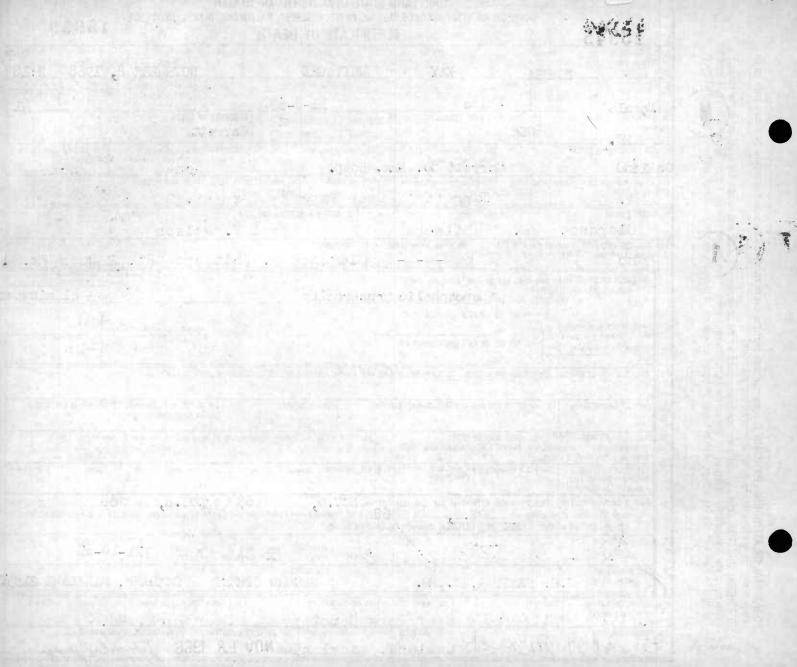
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10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital of work done during most of working life, even if refired.) 120. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. COUNTY Carrett Dak/Iand 13c. CITY OR TOWN. 1		untry)	or foreign	TIC	3 A	WIDOWED	TUP DIVORO	VILD					Md
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Julius Oester Kunigunde Swartz 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes_np, or unknown) If yes give war or dates of senice) Adam J. Oester, Grantsville Md. RETWEEN ONSE! AND DEATH BETWEEN ONSE! AND DEATH BETWEEN ONSE! AND DEATH Address Adam J. Oester, Grantsville Md. RETWEEN ONSE! AND DEATH BETWEEN ONSE! AND DEATH Address Adam J. Oester, Grantsville Md. RETWEEN ONSE! AND DEATH Ye hour Acute Pulmonery Edema DUE TO, OR AS A CONSEQUENCE OF Conditions, if dny, which gove rise to immediate couse (o). Stoting the underlying couse (c). Arteriosclerotic Cardio-Vascular Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. Month Doy Yeor P.M. Work PROXIMAL SEQUENCE OF Address of Engline Address Addres	od	mission) STATE	Md.	ed lived, if institu	tion: Residence be	t Dakle	nd/	YES NO	AITS? 13e. STR	REET AND NUM	MBER	-	
16b. SOCIAL SECURITY NO. 17. INFORMANT Address A	14			Middle			S. MOTHER'S MAI			, , , , , N	lidále	,,,,,,,	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove nise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH 190. MAY CONTRIBUTING CAUSE OF DEATH 190. MO CONTRIBUTING CAUSE OF DEATH	16	o. WAS DECEASED EN	ER IN U.S. ARM			RITY NO. 17.						e. Md.	
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		22a. I certify sow the causes s	that (I) (thi deceased ol tated above	s haspital) att ive on No , (I) (we) (did)	ended the dec	eased from 1496B, on the body after	Novembe d thot in (my death.	(501) opin	B, ta_Na nion deoth o	ccurred on	, 19] the do	68, that te ond hour	t (I) (we) last ond from the
22a. I certify that (I) (this haspital) attended the deceased from November, 1958, to Nov 14, 1968, that (I) (we) last sow the deceased clive on November 14968, and that in (my) (500) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did not) view the body after death.		22b. SIGNATURE	uput	- 7.	Jus.	Money 20		LA DI	ED. RECTOR	STAFF PHYS.			1968
causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 15 NOV 1968		NAME (Type)					Dak	@ 5th				Md.	
causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED		REMOVAL (Specify Burial	11,		St.J	ohns Lu	th Cer	a. 2Sa. REC'D RY	R. D. A	ccide	nt.	(County) Garre	(Stote)
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MAKILAND STATE DEPARTMENT OF HEALTH

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